

Case Number:	CM13-0016235		
Date Assigned:	11/06/2013	Date of Injury:	10/07/2008
Decision Date:	02/10/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 29-year-old female who reported an injury on 10/07/2008. The mechanism of injury information was not provided in the medical record. The patient diagnoses included right scapular/rhomboid strain, right wrist and forearm tendonitis, and cervical strain predominantly right sided. The patient has received chiropractic treatments, TENS, physical therapy, an unofficial electromyography/nerve conduction velocity (EMG/NCV), dated 07/27/2009 by [REDACTED], which revealed normal findings. The patient has also received an unofficial MRI of the cervical spine, dated 07/30/2009 by [REDACTED], which revealed C5-6 broad base bulge. The patient had a spontaneous flare-up of her cervical spine pain. Her medication regimen included Naproxen 500mg 1 tablet twice daily as needed for pain. She was recommended to continue home exercise program and regular stretches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Biofreeze roll on four (4) times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Biofreeze).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Pain, Low back, Biofreeze cryotherapy gel.

Decision rationale: The Chronic Pain Guidelines do not address Biofreeze, but it states that the use of these compounded agents require knowledge of the specific analgesic effect of each agent, and how it will be useful for the specific therapeutic goal required when referencing compound topical analgesics. The Official Disability Guidelines state that Biofreeze is recommended as an optional form of cryotherapy for acute pain. The patient had chronic pain since the reported injury in 2008, and the requested medication is to treat acute pain. The medical necessity has not been proven. As such, the request for Biofreeze roll on four (4) times a day is non-certified.